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**FACSIMILE TRANSMITTAL SHEET AND
CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8**

TO: Examiner P. Kumar - United States Patent and Trademark Office

Fax No. 703-872-9306

Phone No. 571-272-1320

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office on January 6, 2005, to the above-identified facsimile number.

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FROM: Brent M. Peebles, Esq.

Fax No. 513-627-8118

Phone No. 513-627-7533

Listed below are the item(s) being submitted with this Certificate of Transmission:**

- 1) Fee Transmittal Sheet (In dup.)
- 2) Notice of Appeal (In dup.)
- 3) Response (3 pgs.)

Inventor(s): Gagliardi et al.

S.N.: 10/068,199

Filed: February 5, 2002

Case: CM2501

Number of Pages Including this Page: 8

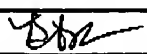
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| FEE TRANSMITTAL for FY 2005 Patent fees are subject to annual revision. Effective December 8, 2004 | Complete if Known | |
| | Application Number | 10/068,199 |
| | Confirmation Number | 7093 |
| | Filing Date | February 5, 2002 |
| | First Named Inventor | Gagliardi et al. |
| | Examiner Name | P. Kumar |
| | Art Unit | 1744 |
| TOTAL AMOUNT OF PAYMENT (\$500.00) | | Attorney Docket No. CM2501 |

| METHOD OF PAYMENT | | | | FEE CALCULATION (continued) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|----------------------------|--------------------------|--|--------------|----------------|-----------------|-----------------|--|----------------------------|--|--------------------|---|--|--------------------------|----------------------------|--|---|--------------------------|--|-----------|--------------------------|--|-----------|--------------------------|--------------------------------------|---------|---|---|---------|--------------------------|---|--|--------------------------|---------------------------|---------|--------------------------|------------------|---------|-------|--|---------|--------------------------|--------------------------|-----------|--------------------------|---|-----------|--------------------------|--------|--|--------------------------|
| 1. <input checked="" type="checkbox"/> The Director is hereby authorized to charge indicated fees submitted on this form, credit any over payments, and charge any additional fee(s) during the pendency of this application to: Deposit Account Number: 16-2480 Deposit Account Name: The Procter & Gamble Company | | | | 5. ADDITIONAL FEES <table border="1"> <thead> <tr> <th>Fee Description</th> <th></th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Extension for reply within 1st month</td> <td>(\$120)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Extension for reply within 2nd month</td> <td>(\$450)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Extension for reply within 3rd month</td> <td>(\$1,120)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Extension for reply within 4th month</td> <td>(\$1,590)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Extension for reply within 5th month</td> <td>(\$2,160)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Information Disclosure Statement fee</td> <td>(\$180)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>37 CFR 1.16(e) Late Oath/Declaration (nonprovisional)</td> <td>(\$130)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>37 CFR 1.17 (q) Missing Parts (provisional)</td> <td>(\$50)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Non-English specification</td> <td>(\$130)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Notice of Appeal</td> <td>(\$500)</td> <td>[500]</td> </tr> <tr> <td>Filing a brief in support of an appeal</td> <td>(\$500)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Request for oral hearing</td> <td>(\$1,000)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)</td> <td>(\$1,370)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Other:</td> <td></td> <td><input type="checkbox"/></td> </tr> </tbody> </table> | | | | Fee Description | | Fee Paid | Extension for reply within 1 st month | (\$120) | <input type="checkbox"/> | Extension for reply within 2 nd month | (\$450) | <input type="checkbox"/> | Extension for reply within 3 rd month | (\$1,120) | <input type="checkbox"/> | Extension for reply within 4 th month | (\$1,590) | <input type="checkbox"/> | Extension for reply within 5 th month | (\$2,160) | <input type="checkbox"/> | Information Disclosure Statement fee | (\$180) | <input type="checkbox"/> | 37 CFR 1.16(e) Late Oath/Declaration (nonprovisional) | (\$130) | <input type="checkbox"/> | 37 CFR 1.17 (q) Missing Parts (provisional) | (\$50) | <input type="checkbox"/> | Non-English specification | (\$130) | <input type="checkbox"/> | Notice of Appeal | (\$500) | [500] | Filing a brief in support of an appeal | (\$500) | <input type="checkbox"/> | Request for oral hearing | (\$1,000) | <input type="checkbox"/> | Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c) | (\$1,370) | <input type="checkbox"/> | Other: | | <input type="checkbox"/> |
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| Extension for reply within 3 rd month | (\$1,120) | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Extension for reply within 4 th month | (\$1,590) | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Extension for reply within 5 th month | (\$2,160) | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Information Disclosure Statement fee | (\$180) | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 37 CFR 1.16(e) Late Oath/Declaration (nonprovisional) | (\$130) | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 37 CFR 1.17 (q) Missing Parts (provisional) | (\$50) | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Non-English specification | (\$130) | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Filing a brief in support of an appeal | (\$500) | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Request for oral hearing | (\$1,000) | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Other: | | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FEE CALCULATION 2. BASIC FILING FEE - Large Entity <table border="1"> <thead> <tr> <th></th> <th>FILING FEE</th> <th>SEARCH FEE</th> <th>EXAMINATION FEE</th> <th></th> </tr> </thead> <tbody> <tr> <td>Application Type</td> <td></td> <td></td> <td></td> <td>Fee Paid</td> </tr> <tr> <td>Utility</td> <td>(\$300)</td> <td>(\$500)</td> <td>(\$200)</td> <td>(Total = \$1000) <input type="checkbox"/></td> </tr> <tr> <td>Design</td> <td>(\$200)</td> <td>(\$100)</td> <td>(\$130)</td> <td>(Total = \$430) <input type="checkbox"/></td> </tr> <tr> <td>Reissue</td> <td>(\$300)</td> <td>(\$500)</td> <td>(\$600)</td> <td>(Total = \$1400) <input type="checkbox"/></td> </tr> <tr> <td>Provisional filing fee</td> <td></td> <td></td> <td></td> <td>(Total = \$200) <input type="checkbox"/></td> </tr> </tbody> </table> | | | | | FILING FEE | SEARCH FEE | EXAMINATION FEE | | Application Type | | | | Fee Paid | Utility | (\$300) | (\$500) | (\$200) | (Total = \$1000) <input type="checkbox"/> | Design | (\$200) | (\$100) | (\$130) | (Total = \$430) <input type="checkbox"/> | Reissue | (\$300) | (\$500) | (\$600) | (Total = \$1400) <input type="checkbox"/> | Provisional filing fee | | | | (Total = \$200) <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | |
| | FILING FEE | SEARCH FEE | EXAMINATION FEE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Utility | (\$300) | (\$500) | (\$200) | (Total = \$1000) <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Design | (\$200) | (\$100) | (\$130) | (Total = \$430) <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reissue | (\$300) | (\$500) | (\$600) | (Total = \$1400) <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Provisional filing fee | | | | (Total = \$200) <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. APPLICATION SIZE FEE: Sheets of Spec and Drawings <input type="checkbox"/> (\$250 for each 50 sheets in excess of 100, except for sequence and program listings) SUBTOTAL (2)+(3) (\$)[0] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. EXTRA CLAIM FEES FOR UTILITY AND REISSUE: <table border="1"> <thead> <tr> <th></th> <th>Extra Claims</th> <th>Fee from Below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td><input type="checkbox"/> - 20** = <input type="checkbox"/> x</td> <td><input type="checkbox"/> =</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Independent Claims</td> <td><input type="checkbox"/> - 3** = <input type="checkbox"/> x</td> <td><input type="checkbox"/> =</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Multiple Dependent claims:</td> <td></td> <td><input type="checkbox"/> =</td> <td><input type="checkbox"/></td> </tr> </tbody> </table> ** or number previously paid, if greater, For Reissues, see below Fee Description Claims in excess of 20 (\$50 per claim) Independent claims in excess of 3 (\$200 per claim) Multiple dependent claim, if not paid (\$360) **Reissue: each independent claim over 3 and more than in the original patent (\$200 per claim) **Reissue claims: each claim over 20 and more than original patent (\$50 per claim) SUBTOTAL (4) (\$)[0] | | | | | Extra Claims | Fee from Below | Fee Paid | Total Claims | <input type="checkbox"/> - 20** = <input type="checkbox"/> x | <input type="checkbox"/> = | <input type="checkbox"/> | Independent Claims | <input type="checkbox"/> - 3** = <input type="checkbox"/> x | <input type="checkbox"/> = | <input type="checkbox"/> | Multiple Dependent claims: | | <input type="checkbox"/> = | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Multiple Dependent claims: | | <input type="checkbox"/> = | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | SUBTOTAL(5) (\$) [500] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |


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|---------------------|---|------------------|--------|---------------------------------|-----------------|
| SUBMITTED BY | | | | Complete (if applicable) | |
| Name (Print/Type) | Brent M. Peebles | Registration No. | 38,576 | Telephone | (513) 627-6773 |
| Signature |  | (Attorney/Agent) | | Date | January 6, 2005 |

This collection of information is required by 37 CFR 1.17. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon individual case. Any comments on the amount of time you are required to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P. O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Form 28a.doc (Revised for P&O use 12/14/2004)

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| FEE TRANSMITTAL for FY 2005 Patent fees are subject to annual revision. Effective December 8, 2004 | Complete if Known | |
| | Application Number | 10/068,199 |
| | Confirmation Number | 7093 |
| | Filing Date | February 5, 2002 |
| | First Named Inventor | Gagliardi et al. |
| | Examiner Name | P. Kumar |
| Art Unit | 1744 | Attorney Docket No. CM2501 |
| TOTAL AMOUNT OF PAYMENT (\$500.00) | | |

| METHOD OF PAYMENT | FEE CALCULATION (continued) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--------------------------|--------------------------|---|---|--------------------------|--------------------------|--|--|--------------------------|--|--------------------------|----------------------------|--|---|--------------------------|--|-----------|--------------------------|--|---------|--------------------------|---|---------|---|---|--------|--------------------------|---------------------------|--|--------------------------------|------------------|---------|-------|--|---------|--------------------------|--------------------------|-----------|--------------------------|---|-----------|--------------------------|--------|--|--------------------------|
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| Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c) | (\$1,370) | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other: | | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FEE CALCULATION 2. BASIC FILING FEE - Large Entity <table border="1"> <thead> <tr> <th></th> <th>FILING FEE</th> <th>SEARCH FEE</th> <th>EXAMINATION FEE</th> <th></th> </tr> </thead> <tbody> <tr> <td>Application Type</td> <td></td> <td></td> <td></td> <td>Fee Paid</td> </tr> <tr> <td>Utility</td> <td>(\$300)</td> <td>(\$500)</td> <td>(\$200)</td> <td>(Total = \$1000) <input type="checkbox"/></td> </tr> <tr> <td>Design</td> <td>(\$200)</td> <td>(\$100)</td> <td>(\$130)</td> <td>(Total = \$430) <input type="checkbox"/></td> </tr> <tr> <td>Reissue</td> <td>(\$300)</td> <td>(\$500)</td> <td>(\$600)</td> <td>(Total = \$1400) <input type="checkbox"/></td> </tr> <tr> <td>Provisional filing fee</td> <td></td> <td></td> <td></td> <td>(Total = \$200) <input type="checkbox"/></td> </tr> </tbody> </table> | | FILING FEE | SEARCH FEE | EXAMINATION FEE | | Application Type | | | | Fee Paid | Utility | (\$300) | (\$500) | (\$200) | (Total = \$1000) <input type="checkbox"/> | Design | (\$200) | (\$100) | (\$130) | (Total = \$430) <input type="checkbox"/> | Reissue | (\$300) | (\$500) | (\$600) | (Total = \$1400) <input type="checkbox"/> | Provisional filing fee | | | | (Total = \$200) <input type="checkbox"/> | SUBTOTAL (5) (\$ [500]) | | | | | | | | | | | | | | | |
| | FILING FEE | SEARCH FEE | EXAMINATION FEE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Application Type | | | | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Utility | (\$300) | (\$500) | (\$200) | (Total = \$1000) <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Design | (\$200) | (\$100) | (\$130) | (Total = \$430) <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reissue | (\$300) | (\$500) | (\$600) | (Total = \$1400) <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Provisional filing fee | | | | (Total = \$200) <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. APPLICATION SIZE FEE: Sheets of Spec and Drawings <input type="checkbox"/> (\$250 for each 50 sheets in excess of 100, except for sequence and program listings) SUBTOTAL (2)+(3) (\$[0]) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. EXTRA CLAIM FEES FOR UTILITY AND REISSUE: <table border="1"> <thead> <tr> <th></th> <th>Extra Claims</th> <th>Fee from Below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total Claims <input type="checkbox"/> - 20** = <input type="checkbox"/> x</td> <td><input type="checkbox"/></td> <td>=</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Independent Claims <input type="checkbox"/> - 3** = <input type="checkbox"/> x</td> <td><input type="checkbox"/></td> <td>=</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Multiple Dependent claims:</td> <td><input type="checkbox"/></td> <td>=</td> <td><input type="checkbox"/></td> </tr> </tbody> </table> ** or number previously paid, if greater; For Reissues, see below Fee Description Claims in excess of 20 (\$50 per claim) Independent claims in excess of 3 (\$200 per claim) Multiple dependent claim, if not paid (\$360) **Reissue: each independent claim over 3 and more than in the original patent (\$200 per claim) **Reissue claims: each claim over 20 and more than original patent (\$50 per claim) SUBTOTAL (4) (\$[0]) | | Extra Claims | Fee from Below | Fee Paid | Total Claims <input type="checkbox"/> - 20** = <input type="checkbox"/> x | <input type="checkbox"/> | = | <input type="checkbox"/> | Independent Claims <input type="checkbox"/> - 3** = <input type="checkbox"/> x | <input type="checkbox"/> | = | <input type="checkbox"/> | Multiple Dependent claims: | <input type="checkbox"/> | = | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Extra Claims | Fee from Below | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Claims <input type="checkbox"/> - 20** = <input type="checkbox"/> x | <input type="checkbox"/> | = | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Independent Claims <input type="checkbox"/> - 3** = <input type="checkbox"/> x | <input type="checkbox"/> | = | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Multiple Dependent claims: | <input type="checkbox"/> | = | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|---------------------|---|-----------------------------------|---------------------------------|
| SUBMITTED BY | | Complete (if applicable) | |
| Name (Print/Type) | Brent M. Peebles | Registration No. (Attorney/Agent) | 38,576 Telephone (513) 627-6773 |
| Signature |  | Date | January 6, 2005 |

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No. : 10/068,199
Applicant(s) : Gagliardi et al.
Filed : February 5, 2002
Title : Process Of Cleaning Carpets With A Composition
Comprising A Fluorinated Compound
TC/A.U. : 1744
Examiner : P. Kumar
Conf. No. : 7093
Docket No. : CM2501
Customer No. : 27752

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THE BOARD OF PATENT APPEALS AND INTERFERENCES**

Commissioner for Patents

P. O. Box 1450

Alexandria, VA 22313-1450

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Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner. The fee for this Notice of Appeal is \$500.00 (37 CFR 41.20(b)(1)).

The Director is hereby authorized to charge the above fees, or any additional fees that may be required, or credit any overpayment to Deposit Account No. 16-2480 in the name of The Procter & Gamble Company. An additional copy of this Notice is enclosed for that purpose.

I am an attorney or agent of record.

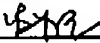
Respectfully submitted,

THE PROCTER & GAMBLE COMPANY


Signature
Brent M. Peebles
Registration No. 38,576
(513) 627-6773

Date: January 6, 2005

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(Appnot.doc) (Last Revised 11/5/2004)

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